

**Louisville Metro Health Department
Smoking Ordinance Exemption Form**

Those wishing to be considered for one or more exclusions under Ordinance 123, series 2005, an ordinance that Prohibits Smoking in Buildings Open to the Public, must complete this form by October 30, 2005 and submit to the Louisville Metro Health Department, Division of Environmental Health and Protection, 400 E. Gray St, Louisville, KY 40202 or by Fax # 574-6657.

Upon review and acceptance, you will be notified of your status. Approval for an exemption is valid only so long as the conditions under which it was given remain in effect. Any change in the conditions that qualifies your establishment for an exemption, should be reported immediately to avoid possible citation.

Business Name: _____

Business Address: _____

Zip: _____

Applicant/

Contact Person: _____

Owner ☐

Business Manager ☐

Mailing address: _____

Other: _____

Phone numbers:

Work: _____

Other: _____

Type of business: _____

HD Est. #: _____

As defined by this Ordinance, I wish to be considered as a:

☐ **A Smoke-free facility.** I am designating my facility as a **smoke-free** facility and wish to have my facility listed in any smoke-free dining materials.

I wish to request an exemption as: (Check all that apply)

☐ 1. **Freestanding Bar** – An establishment that is not a restaurant nor an attached bar, has a current ABC license and serves alcoholic beverages for the consumption by patrons.

☐ 2. A restaurant receiving **less than** seventy five percent (75%) of its gross receipts from the sale of food consumed on the premises and that has a current distilled spirits and wine retail drink license, malt beverage license, restaurant drink license or restaurant wine license. .

☐ 3. I have constructed a **designated smoking room with an independently ventilated system.** I am submitting a letter by a certified professional engineer as verification.

GROSS ANNUAL RECEIPTS FROM THE SALE OF:

Must be completed to be evaluated for exemption status under 1 and 2 above.

Alcoholic Beverages \$ _____ %

Food \$ _____ %

Total \$ _____ %

Signature

Date